PHOTOGRAPHIC ATLAS OF THE DISEASES OF THE SKIN

BY

GEORGE HENRY FOX

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BY

GEORGE HENRY FOX, A.M., M.D.

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PART I.

ACNE VULGARIS FACIEI
ECZEMA ERYTHEMATOSUM
SYPHILODERMA ERYTHEMATOSUM
ZOSTER PECTORALIS
DERMATITIS VENENATA
(TWO ILLUSTRATIONS)

PHOTOGRAPHIC ATLAS

OF THE

DISEASES OF THE SKIN

A Series of Eighty Plates, comprising One Hundred Illustrations

Photographed from Life and Colored by Hand

BY

GEORGE HENRY FOX, A.M., M.D.

CLINICAL PROFESSOR OF DISEASES OF THE SKIN, COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK;
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ACNE VULGARIS

Acne is without doubt the commonest affection of the skin. It is pre-eminently a disease of adolescence and tends in time to spontaneous recovery, though often leaving scars upon the face which betoken neglect on the part of the patient or lack of skill on the part of the physician.

Although Acne is an inflammatory affection of the sebaceous glands, it is usually associated with Comedo and a general inactivity of the skin. In the accompanying illustration it is plain to see that the functional activity of the sebaceous glands is impaired and that the natural oily secretion has become thickened and accumulated in the glandular ducts, producing an eruption of conical whitish papules. At the summit of many of these a large comedo is apparent. Many appear congested (Acne papulosa) and some have undergone suppuration (Acne pustulosa).

In most cases of Acne we find in addition to the local glandular disturbance a poor circulation, indicated by cold hands and feet, and an impaired digestion, indicated by coated tongue and constipation. These general conditions increase facial congestion and aggravate the eruption. The best results in the treatment may therefore be expected from dietetics, cold bathing and other hygienic measures, and from the local use of mechanical agents which tend to empty the distended glands and stimulate them to contraction. Vigorous soap frictions and the frequent use of a curette will do infinitely more good than the customary prescription of ointments and lotions.

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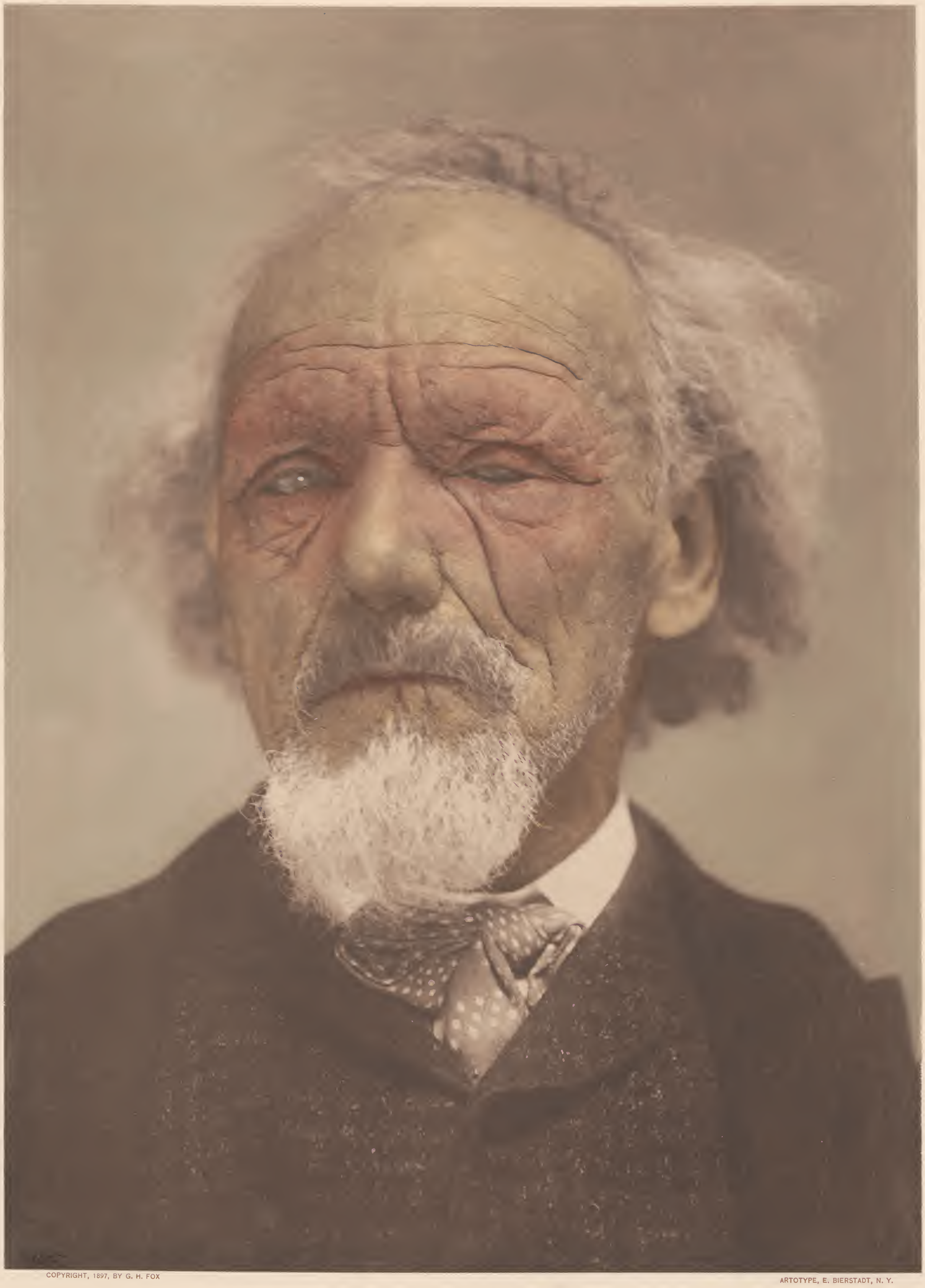
ACNE VULGARIS.

ECZEMA ERYTHEMATOSUM

This patient, seventy-one years of age, had suffered more or less from eczema for twenty years. It had been chiefly confined to the face but occasionally affected other portions of the body. The skin upon the forehead and cheeks was of a dull red hue and thickened to such a degree that the natural furrows were greatly exaggerated. The itching of the affected parts was intense and the eyebrows had been scratched or rubbed so persistently that only a short, stubble-like growth of hair remained. A chronic conjunctivitis caused constant lachrymation with thickening of the lids and prevented the complete opening of one eye.

The patient was a great eater of meat and suffered from constipation. A change of diet with an alkaline diuretic taken in copious draughts of water improved his general condition, while an ointment containing ten per cent. of oil of cade relieved the intolerable pruritus.

While erythematous eczema may occur upon various portions of the body the illustration shows its favorite seat about the eyes. In this location it is often an extremely persistent and annoying affection even when the redness and roughness of the skin is scarcely noticeable.



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ECZEMA ERYTHEMATOSUM.

SYPHILODERMA ERYTHEMATOSUM

The erythematous syphilide when appearing as the first cutaneous symptom of the constitutional disease presents numerous small, rounded, pinkish macules scattered over the surface of the skin, and showing no tendency to occur in groups or circles. The relapsing erythematous eruption, which is comparatively rare and occurs later in the course of the disease, presents, on the other hand, fewer but larger erythematous patches, and sometimes an eruption in annular form.

The early erythematous syphilide is rarely observed to be as general and as distinct as in the case which forms the subject of the accompanying illustration. It is frequently seen only upon the abdomen and flexor aspect of the forearms, and often appears so faint as to resemble the mottling of the skin seen upon certain patients with a poor circulation when the body is stripped and exposed to a cool atmosphere. In most cases the macules do not exist alone but are associated with lesions of a more or less papular character. Indeed, the centre of a macule sometimes appears darker than its margin and is slightly elevated, and at this point a papule may develop.

In this patient the macular eruption developed suddenly about two months after the appearance of the chancre. It was of a bright red color at first, disappearing under pressure of the finger, and disappeared in a few weeks, gradually becoming duller in its hue and finally presenting the appearance of a faint, yellowish stain.

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SYPHILODERMA ERYTHEMATOSUM.

ZOSTER PECTORALIS

The gradual and even course which Zoster usually runs enables one to judge quite accurately the age of the eruption by the appearance of the lesions. As some of the patches, however, may develop a few days later than the primary patch, these will naturally be found to be in a less advanced stage of development. While some of the vesicles in a given case may be tense and filled with clear serum, the vesicles on patches a day or two older may appear flattened and of a milky hue.

In the subject of the illustration the eruption had existed for six days at the time when the photograph was taken, but the boy had complained of pain for a day or two before the first red patch was noted. Upon the side the vesicles are seen to be at their height of development, while nearer the spine, where the eruption evidently first appeared, they show a tendency to confluence, and are of a purulent character. At three points it is evident that they have been irritated or broken, doubtless by the friction of the clothing, and small, dark, hemorrhagic crusts have formed.

In the treatment of Zoster many of the applications in common use have no curative effect and frequently add to the discomfort of the patient. If a simple dusting powder is used, and the inflamed skin carefully protected by a soft linen cloth, the disease will run its course and the patient be more comfortable than when the affected part is painted with collodion or smeared with an ointment. Galvanism applied by means of a metallic roller attached to the negative cord furnishes the best means of relieving the intense neuralgic pain which is often present in elderly patients.

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ZOSTER PECTORALIS.

DERMATITIS VENENATA

Among the various forms of dermatitis resulting from the action upon the skin of toxic agents, whether animal, vegetable or chemical, the poison ivy eruption is one of the most common.

It usually appears as a vesicular dermatitis upon the backs of the hands and rapidly extends upon the forearms. In most cases, the face and other parts touched by the hands are simultaneously affected.

In the illustration the vesicles are seen to be both isolated and aggregated. They spring from a highly inflamed base and vary greatly in size. Their coalescence has produced bullæ which are both of linear and irregular form. Although in this particular case the dermatitis followed the handling of leaves of the *Rhus toxicodendron* it must be borne in mind that an eruption identical in appearance may sometimes appear upon the hands, forearms and face of those who have handled nothing poisonous so far as can be ascertained. In some cases a vesicular or bullous dermatitis occurring annually and running an acute course may follow a severe attack of rhus poisoning.

The poison ivy eruption usually runs its course in a few days or a week, unless the patient has an eczematous tendency which may aggravate and prolong the eruption. Its course is but slightly modified by any of the local applications commonly used and to which a marvelous efficacy is often ascribed. A lotion of lime water or a bicarbonate of sodium solution is quite as beneficial as any of the remedies which have been most highly recommended.

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DERMATITIS VENENATA.

TO MY COLLEAGUES

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PART II.

ACNE VULGARIS DORSI
PHTHEIRIASIS CORPORIS
PSORIASIS GUTTATA
PITYRIASIS MACULATA
VARIOLA { VESICULOSA
VARIOLA { PUSTULOSA

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ACNE VULGARIS DORSI

Acne of the back and chest is commonly associated with acne of the face, although in some cases the eruption may be wholly confined to either the face or the trunk. In either location the eruption will be found to be follicular in its origin and to consist of indolent papules and pustules of varying size, with numerous comedos and a general plugging of the glandular ducts. In many patients small abscesses are liable to develop, and in some cases of long standing a number of sharply defined and sunken cicatrices may be found over the sternum as well as upon the back. The severe forms of acne of the trunk occur usually in male patients.

The patient who was the subject of the accompanying illustration manifested a strumous tendency, having a sluggish circulation and a thick, greasy, inactive skin. There were many pustules present and more traces of former lesions in the shape of stains and pits, and at one point a dull red patch of skin was undermined by an accumulation of sanious pus. The eruption had persisted for several years and grown worse, in spite of the application of various ointments. A cold bath every morning and the vigorous use of a curette twice a week effected a speedy improvement. This treatment is usually all that is required, but the progress toward a cure is apt to be slow in most cases.

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ACNE VULGARIS.

PHTHEIRIASIS CORPORIS

The eruption resulting from the presence of lice in the clothing is almost wholly due to the action of the finger nails and consists of numerous excoriations with scratch marks which are usually long and often parallel. Here and there a close scrutiny may detect the hemorrhagic points where the pediculus has inserted its haustellum in order to enjoy its sanguineous feast, but the diagnosis is commonly based upon the character and location of the scratch marks. These are generally most numerous across the shoulders, around the waist, and upon the outer surface of the thighs. In the case of patients who have suffered for many weeks or months from the presence of lice in the clothing, the eruption may cover the trunk and extremities and be associated with a marked pigmentation of the skin.

Upon the back of the patient shown in the illustration the abundant excoriations indicate that the pediculi were numerous and had infested the clothing for a long time. As is usually the case, the shoulders and the lumbar region had suffered most.

A bath, a complete change of clothing (or a thorough baking of the infested garments in a hot oven), and a ten per cent lotion of carbolic acid will speedily relieve the itching through removal of the cause, and effect a cure of the disease.

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PHTHEIRIASIS CORPORIS.

PSORIASIS GUTTATA

This illustration shows a mild type of the disease, although there was an unusually large number of small, dry, scaly papules covering the trunk and limbs. The silvery scales could be readily scratched off by the finger-nail, leaving a number of bleeding points upon the surface of the denuded corium. The patient was in good physical condition, and complained of nothing save the eruption. In this respect he was like the majority of psoriatic patients, since the disease seems to manifest a predilection for robust and well-nourished subjects.

It will be noted that the eruption is symmetrical, as is usual in psoriasis, but the guttate lesions are not as rounded as they often appear in this disease, and consequently bear a resemblance to pityriasis maculata. Indeed, it is difficult in some cases of mild psoriasis to distinguish the eruption at first glance from pityriasis (seborrhœic eczema), but the characteristic tendency of the psoriatic eruption to recur at certain seasons, year after year, will usually settle the question of diagnosis. It will be further noted that in this case there are no erythematous spots. While congestion exists beneath the patches of thickened epidermis, all that can be seen of the eruption are white silvery scales with a line of redness at the border.

Under a restricted diet and an alkaline diuretic taken before meals, with cold baths and the inunction of salicylated vaseline, the eruption speedily disappeared.

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PSORIASIS GUTTATA.

PITYRIASIS MACULATA

Pityriasis is a superficial inflammatory affection of the skin, occurring either in small rounded discs, in rings, or in diffused patches, and is characterized by a light roseate hue and a branny desquamation. It is often classed with eczema, but differs from this affection in several important features. It usually runs a self-limited course, and never presents any notable thickening of the skin nor manifests any tendency to moisture. It differs from psoriasis in beginning as an erythema, in presenting only a slight degree of scaling, in usually running an acute course, and in showing no tendency to recurrence at certain seasons.

In the case of the patient who was the subject of the accompanying illustration, the eruption appeared suddenly over the trunk and in less degree upon the extremities, and for a few days bore a slight resemblance to an erythematous syphilide. Many of the discs or roseate macules soon began to desquamate, and in a few weeks the eruption disappeared without any vigorous treatment.

The general resemblance of the eruption to a guttate psoriasis, as well as the characteristic points of difference, may be readily seen by a comparative examination of the plates illustrating these two affections. While all of the guttate lesions of the psoriatic patient were covered with thick silvery scales, most of the lesions in the case of pityriasis were simply erythematous at the outset and the desquamation was slight and secondary.

PITYRIASIS MACULATA.

VARIOLA

The two cases of Variola which are reproduced in the accompanying illustration were photographed by the author at the Riverside Hospital, on North Brothers' Island, an institution under the control of the New York Board of Health.

The photograph of the vesicular stage was taken on the seventh day of the disease, just before the isolated lesions were beginning to assume the umbilicated character which is noted usually on the eighth or ninth day. At this period the contents of the vesicles become purulent and an inflammatory halo develops around each separate lesion. This was an exceptionally severe case, as may be seen by the intense congestion of the face and the confluence of the vesicles.

The photograph of the pustular stage was taken on the eleventh day of the disease when most of the umbilicated pustules had become tense and hemispherical. A few umbilications may still be seen upon the forehead. This notable change in the appearance of the lesions results from a loosening of the trabecular bands, which produce the umbilication, a characteristic feature which is most marked at a time when the lesions are passing from the vesicular into the pustular stage.

In determining the previous duration of the disease from the stage of development of the lesions, it should be borne in mind that the pocks upon the face, where the eruption begins in Variola, are apt to be two or three days more advanced than upon the extremities, and that in some cases of Varioloid the lesions may appear first upon the trunk, occur in successive crops, and perhaps desiccate within a week.

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VARIOLA VESICULOSA.

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VARIOLA PUSTULOSA.

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PART III.

LUPUS ERYTHEMATOSUS
LUPUS VULGARIS
SYPHILODERMA PAPULOSUM
VITILIGO MANUUM
LICHEN PLANUS
(TWO ILLUSTRATIONS)

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LUPUS ERYTHEMATOSUS

Erythematous lupus has often been called the "butterfly" form of lupus on account of its occasional outline when involving the ridge of the nose and malar regions. In most cases, however, there is no suggestion of this resemblance, and very often this characteristic site of the eruption remains entirely free.

The portrait shows a typical, rounded spot upon the cheek, slightly elevated, and with a dry, harsh, scaly surface. These scales are quite adherent, and when one is forcibly raised the under surface often shows a number of prolongations corresponding to the follicular orifices. The disease is also shown in two very common localities, viz., near the ear and upon the scalp. The crusting seen in the patch upon the auricle is unusual, but the bald spot upon the crown, with its dull red hue and slight roughness of surface, is very typical. Such a patch often serves as a basis of diagnosis in cases where the facial lesions might appear to be of doubtful character.

The cause of erythematous lupus is unknown. The *bacillus tuberculosis* is not found in sections of the affected skin, and there is no kinship between this disease and lupus vulgaris save in the name and an occasional clinical resemblance.

The treatment is, in most cases, notably unsatisfactory. Some recent and superficial patches, unaccompanied by much congestion, will yield to applications of pure carbolic acid, but in cases of long standing, and especially in those of an irritable type, stimulating treatment often does more harm than good. I have seen excellent results follow the internal use of salicylate of sodium.

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LUPUS ERYTHEMATOSUS.

LUPUS VULGARIS

In the case of the young man who is the subject of this illustration, the disease began at six years of age and has slowly but steadily spread over the neck and a portion of the cheek. The lesions are rather superficial and have shown little tendency to soften and ulcerate. They are most prominent at the advancing border of the patch and some isolated ones enclose areas of normal skin. Where the disease appears to have first developed, patches of wrinkled cicatricial tissue are to be seen dotted with many dull red, flattened tubercles, which are evidently tending towards a spontaneous disappearance.

The patient has always been in fair health, although the indications of a scrofulous taint are manifested in the thickened lips and peculiar doughy skin, and may be discerned in the partial view of the physiognomy revealed in the portrait.

In the treatment of this case a steel burr dipped in carbolic acid was used for a time with good effect, but as the patient did not care to suffer the slight pain involved in this rapid and efficient method, a twenty per cent. salicylic plaster was applied at the Vanderbilt Clinic and during the past few months a notable improvement has taken place. The lesions have ulcerated beneath the plaster, applied successively to small portions of the diseased skin, and a complete cure is expected.

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LUPUS VULGARIS.

SYPHILODERMA PAPULOSUM

The papular syphilide may occur in several forms, presenting a variety of clinical features. The miliary eruption consists of pinhead sized papules usually occurring in small clusters and is comparatively rare. The lenticular eruption, which is the most common form, is characterized by disseminated papules of split pea size. These may be few or numerous and are symmetrically distributed over head, trunk, and extremities. The large papular syphilide usually consists of fewer lesions which may be scaly, simulating psoriasis, circinate and resembling ringworm or moist and appearing like mucous patches upon the skin.

The unusually copious eruption upon the back shown in the illustration was of the ordinary lenticular variety. It had existed for about six weeks at the time the photograph was taken, and without treatment the lesions, especially upon the shoulders, were tending to flatten and disappear. Upon the lower portion of the back many of the papules were covered with scales, and some had softened and crusted so that the plate might have been designated as a papulo-pustular syphilide, although the papular element still predominated. It is rare indeed for an early syphilide to present throughout its course but one variety of primary lesion, and in many cases macules, papules and pustules will be found to coexist.

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SYPHILODERMA PAPULOSUM.

VITILIGO

The backs of the hands are the most frequent site of vitiligo, and in many cases the affection is confined to this locality. In other cases the white spots appear upon the face and neck as well, and not infrequently are found upon the trunk and extremities. In the negro race the affection sometimes increases until the greater portion of the skin becomes white.

In this patient, a man of nearly seventy years, the patches had existed for a long time and shown little tendency to increase in size or to appear elsewhere. As is usual, the skin around the white patches had assumed a slightly darker hue and, as the patient was naturally of a dark complexion and the photograph was taken in the summer time, when the hands were tanned through exposure to the sun, the contrast was exceptionally well marked.

The patient suffered no discomfort whatever from the spots and no treatment was employed. In fact, there is little that can be done in such a case beyond lessening the intense contrast of color by keeping the hands from exposure to the sun and by bleaching the darker skin by the frequent application of peroxide of hydrogen. Aside from its disfigurement, the only disadvantage arising from vitiligo upon the hands is the marked tendency of the unpigmented skin to redden and blister when exposed to the rays of a summer sun.

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VITILIGO.

LICHEN PLANUS

Although lichen planus may appear upon various portions of the body, and sometimes present a general eruption, the anterior aspect of the forearm is its most frequent and characteristic site. In some cases the eruption is limited to the forearms, and only in rare cases is this part found to be free.

Upon the woman's arm, shown in the upper illustration, many isolated lesions may be noted, some of which show the characteristic angular outline, flattened glistening summit, and central depression. Near the bend of the elbow the tendency of the lesions to aggregate in small clusters is well shown. The coalescence of such clusters has produced the large patch with the scaly surface which extends along the forearm. The desquamating rings seen upon the wrist are an exceptional feature of lichen planus which is rarely met with and only in cases in which the eruption is abundant and acute.

Upon the man's arm, shown in the lower illustration, the individual lesions are somewhat larger, but show the same tendency to coalescence, and upon the radial aspect where the eruption was of longer duration the characteristic glistening surface of the patch is clearly seen.

The peculiar purplish hue of the eruption in cases of lichen planus is always a striking feature, and as it is rarely met with in other affections, it serves as a very important point in differential diagnosis.

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LICHEN PLANUS.

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PART IV.

ROSACEA ERYTHEMATOSA
ALOPECIA AREATA
PSORIASIS NUMMULATA
PITYRIASIS CIRCINATA
(TWO ILLUSTRATIONS)
PEMPHIGUS
(TWO ILLUSTRATIONS)

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ROSACEA ERYTHEMATOSA

The three forms in which rosacea may appear are commonly described as the erythematous, the pustular, and the hypertrophic. The accompanying portrait represents a combination of the first two types, although the erythematous element is the most marked. The nose and malar regions are the favorite seat of the affection, but in this case, one of long standing, the whole lower portion of the face is involved. The cheeks and chin present numerous indolent nodules some of which show a tendency to suppuration. Between and over these a persistent passive congestion gives to the skin its characteristic rubicund color.

This affection is frequently described as a form of acne (acne rosacea), but it differs in several essential respects. It is not primarily of follicular origin. There are never any comedos or other evidence of follicular disturbance such as is invariably present in cases of acne, and the disease is usually noted at a more advanced age. Indeed, it commonly begins at about the age when the ordinary acne of youth begins to disappear spontaneously, and most patients over thirty who suffer from rosacea will be found to have shown little or no disposition to acne during their teens.

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ROSACEA ERYTHEMATOSA.

ALOPECIA AREATA

This patient, a teacher by occupation, had suffered from alopecia areata for over twelve years, the hair falling out in spots and growing in again. During the past year the increasing baldness had necessitated the wearing of a wig, and the disease had begun to affect the eyebrows. Pure carbolic acid was applied in this case, one half of the scalp being dotted or striped with the acid every ten days. This treatment caused epidermic exfoliation followed by pinkish spots, but had no apparent effect in restoring the hair. As the patient grew stronger under a general tonic treatment, and her frequent headaches disappeared, the hair returned and grew quite as readily on the untouched portions of scalp as where the acid had been applied. Six months later, after the strain of nursing a sick relative, the hair began to fall again, thereby showing the dependence of the disease upon the state of the patient's general health.

The illustration shows an advanced stage of the disease in which the individual areas of baldness have enlarged and coalesced until the greater portion of the scalp is denuded. The numerous patches of dark hair indicate that there were originally many bald areas of small size, the circular outlines of which are still suggested by the concave margin of the hairy patch upon the occiput. The growth of white hair at various points indicates a tendency to recovery, and constitutes a favorable element of prognosis. This non-pigmented hair, which often appears first upon the bald areas, gradually assumes a normal color.

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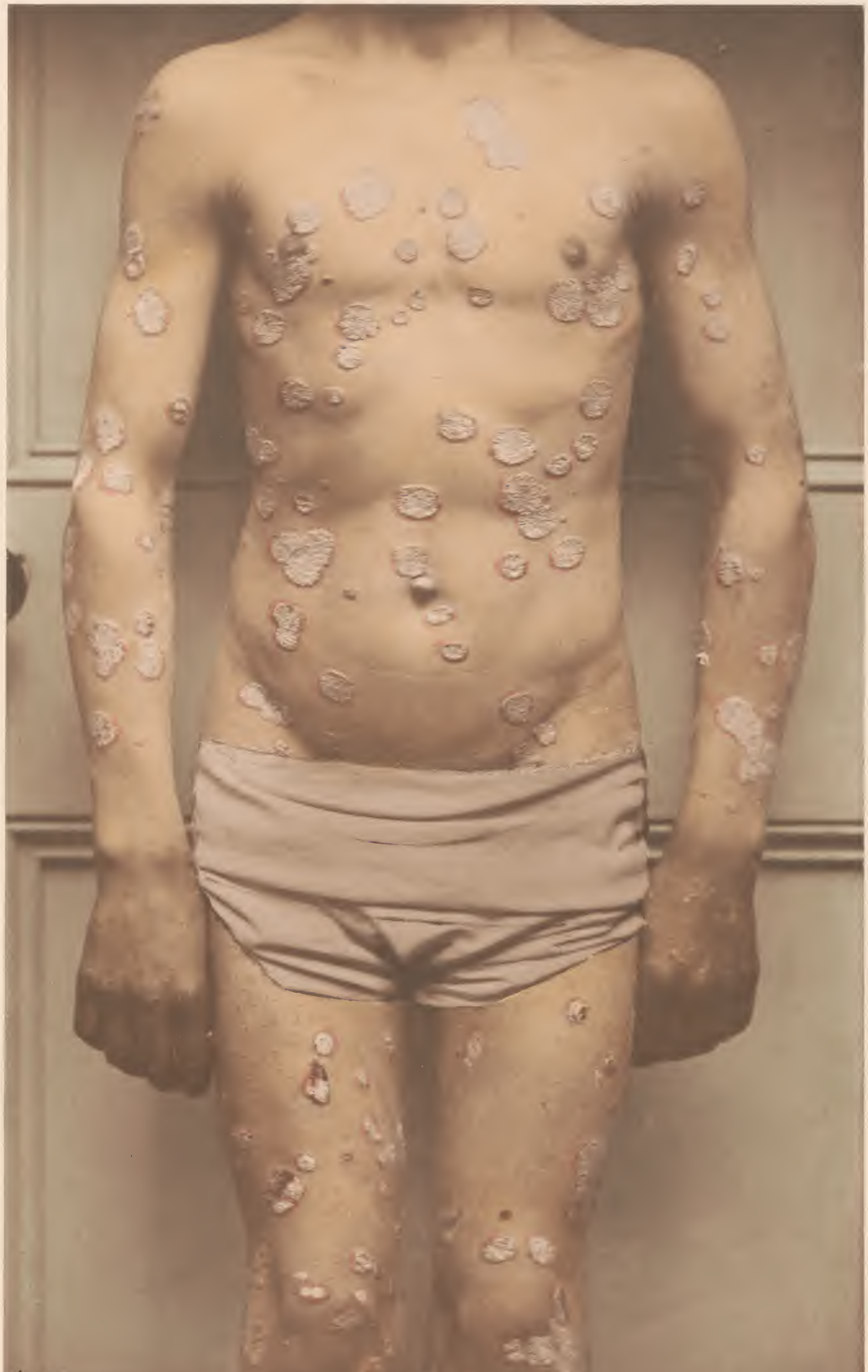
ALOPECIA AREATA.

PSORIASIS NUMMULATA

The psoriatic eruption presents a great diversity of appearance in different patients, although rounded and circumscribed patches covered with silvery or yellowish white scales are characteristic of all cases. The eruption is nearly always symmetrical, whether the scaly lesions be punctate, guttate or nummular in size or occur in large diffused patches. Although the extensor surface of the extremities, and particularly the region of the elbows and knees, is most frequently affected, the trunk in some cases may be the principal seat of the disease.

The boy who was the subject of the illustration presented an eruption of the nummular or coin-like form. Both trunk and extremities were the seat of numerous rounded and scaly patches, varying somewhat in size, but bearing a sufficiently strong resemblance to silver coins stuck upon the skin to warrant the use of the descriptive adjective. All of the larger lesions show an elevation of the border and a corresponding depression of the central portion of the patch. Upon the thigh a portion of the thick whitish scale has evidently been scratched off from some of the patches, leaving exposed a red and slightly elevated surface. The boy was admitted as a patient at the Skin and Cancer Hospital, and in a few weeks was quite free from the eruption—the regularity of sleep, diet, etc., doing as much for him perhaps as the special treatment employed.



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PSORIASIS NUMMULATA.

PITYRIASIS CIRCINATA

To the circinate form of pityriasis a variety of names have been applied. When it occurs upon the anterior portion of the chest, which is a favorite location, it is often designated as pityriasis rosea, lichen circinatus, or seborrhœa corporis. Upon the extremities or other portions of the trunk it is frequently called eczema seborrhoicum, despite the fact that it is not an eczema and has no relation whatever to the sebaceous glands. In patients with a marked eczematous tendency, however, a part of the eruption may become irritated and a secondary eczema develop, as it often does upon a patch of trichophytosis. Although the eruption is undoubtedly of internal origin, many believe in its parasitic nature, and some have regarded it as disseminated ringworm (herpes tonsurans maculosus).

In the case of the female shown in the upper illustration the eruption, as is frequently the case, occurred in both the macular and circinate form. Many of the patches, as they increased in size, assumed a circular or oval outline and presented a central area of a dull, yellowish hue surrounded by a scaly margin. The disease ran an acute course.

In the lower illustration the eruption upon a male chest is seen to be more confluent and to present a slightly papular character. When such an eruption occurs over the sternum it may run an acute course of one or two months, but in many instances it shows a tendency to relapse and to become chronic.

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PITYRIASIS CIRCINATA.

PEMPHIGUS

The patient represented in the upper illustration was a boy of fourteen, delicate and undersized. From five to seven years of age he had suffered from a general bullous eruption. The present attack had lasted three months. The eruption was symmetrical and appeared on the forearms, backs of hands, legs and feet, and to a slight degree upon the face and neck. In the two months during which he was under my observation there was a constant recurrence of bullæ and severe itching of the skin where the lesions had dried and crusted. The eruption seemed to be checked but was not cured by the use of arsenic, a remedy which is often of great value, though by no means a specific, in this disease.

Upon the arm the tense rounded bullæ springing from an apparently sound skin are plainly seen, as well as the various stages of drying and crusting through which the lesions pass and the serpiginous form which often characterizes the eruption especially in children.

The subject of the lower illustration was a little boy in the Clinic of the Skin and Cancer Hospital who had suffered from several acute attacks. Here again are seen the tense bullæ with dried and crusted lesions, and also the dull red stains of recent lesions and leucodermatous spots upon the abdomen where the eruption had previously existed. In this case the use of arsenic combined with general tonic treatment was speedily followed by a complete disappearance of the eruption.

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PEMPHIGUS.

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